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PTO/SB/81 (10-00)

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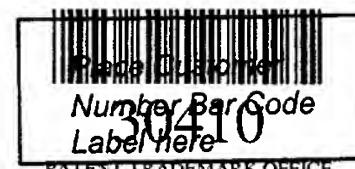
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Dale L. Kuhn
Group Art Unit	
Examiner Name	
Attorney Docket Number	D5114

I hereby appoint:

Practitioners at Customer Number

30410



OR

Practitioner(s) named below:

Name	Registration Number
Dennis Kelly Sullivan	26,510
Jeffrey P. Calfa	37,105
Neil Powell	45,202
Gilberto Hernandez	46,483

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	International Truck Intellectual Property Company, L.L.C.				
Address	P.O. Box 1488				
Address	4201 Winfield Rd.				
City	Warrenville	State	IL	Zip	60555
Country	U.S.A.				
Telephone	630/753-3023	Fax	630/753-3982		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Anthony D. Sutton	
Signature		
Date	1-31-82	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 7 forms are submitted.

Please type a plus sign (+) inside this box →

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SIGNATURE of Applicant or Assignee of Record

Name	Brandi L. Grimm
Signature	
Date	1/30/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Application Number	
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First Named Inventor	Dale L. Kuhn
Group Art Unit	
Examiner Name	
Attorney Docket Number	D.5114

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SIGNATURE of Applicant or Assignee of Record

Name	Joseph M. Smith
Signature	
Date	1/30/02

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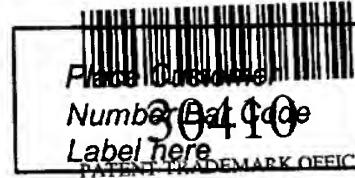
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Dale L. Kuhn
Group Art Unit	
Examiner Name	
Attorney Docket Number	DS514

I hereby appoint:

Practitioners at Customer Number

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SIGNATURE of Applicant or Assignee of Record

Name	Steven W. Fuller
Signature	
Date	30 JAN 02

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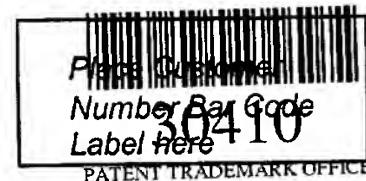
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SIGNATURE of Applicant or Assignee of Record

Name	Burnell L. Bender
Signature	
Date	1/30/02

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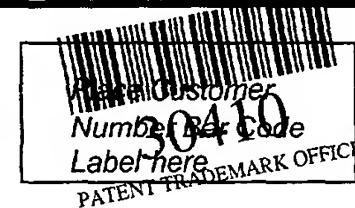
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Examiner Name	
Attorney Docket Number	D5114

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael E. Stagg
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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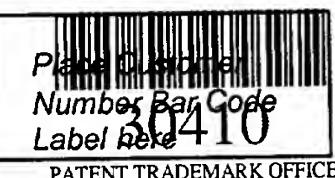
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First Named Inventor	Dale L. Kuhn
Group Art Unit	
Examiner Name	
Attorney Docket Number	D 5114

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dale L. Kuhn
Signature	
Date	11/30/02

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	D5114
First Named Inventor	Dale L. Kuhn
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIFT AXLE CONTROL

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label 
30410 OR Correspondence address below

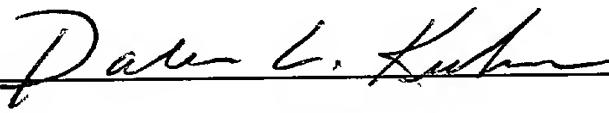
PATENT TRADEMARK OFFICE

Name	Jeffrey P. Calfa		
Address	International Truck and Engine Corporation		
Address	4201 Winfield Rd.		
City	Warrenville	State	IL 60555
Country	U.S.A.	Telephone	630/753-3023 Fax 630/753-3982

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
----------------------------------	---	--	--

Given Name (first and middle [if any])	Dale L.	Family Name or Surname	Kuhn
---	---------	---------------------------	------

Inventor's Signature		Date	1/30/02
----------------------	---	------	---------

Residence: City	Fort Wayne	State	IN	Country	USA	Citizenship	United States
-----------------	------------	-------	----	---------	-----	-------------	---------------

Mailing Address	5615 Marty's Hill Pl.						
-----------------	-----------------------	--	--	--	--	--	--

Mailing Address							
City	Fort Wayne	State	IN	ZIP	46815	Country	U.S.A.

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
--------------------------	---	--	--	--	--	--	--

Given Name (first and middle [if any])	Michael E.	Family Name or Surname	Stagg				
---	------------	---------------------------	-------	--	--	--	--

Inventor's Signature							
----------------------	--	--	--	--	--	--	--

Residence: City	Evansville	State	IN	Country	USA	Citizenship	United States
-----------------	------------	-------	----	---------	-----	-------------	---------------

Mailing Address	6000 Lake Shore Dr.						
-----------------	---------------------	--	--	--	--	--	--

Mailing Address							
City	Evansville	State	IN	ZIP	47720	Country	United States

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Burnell L.		Bender			
Inventor's Signature	<i>Burnell L. Bender</i>			Date <i>1/30/02</i>	
Residence: City	Woodburn	State	IN	Country	USA
Mailing Address	10020 Roberts Rd.				
Mailing Address					
City	Woodburn	State	IN	ZIP	46797
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Steven W.		Fuller			
Inventor's Signature	<i>Steven W. Fuller</i>			Date <i>30 JAN 02</i>	
Residence: City	Leo	State	IN	Country	USA
Mailing Address	P.O. Box 41				
Mailing Address					
City	Leo	State	IN	ZIP	46765
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Anthony D.		Sutton			
Inventor's Signature	<i>Anthony D. Sutton</i>			Date <i>1-31-02</i>	
Residence: City	Fort Wayne	State	IN	Country	USA
Mailing Address	1620 Monet Cove				
Mailing Address					
City	Fort Wayne	State	IN	ZIP	46845
Country		USA			

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Brandi L.		Grimm						
Inventor's Signature	<i>Brandi Grimm</i>				Date	1/30/02		
Residence: City	Fort Wayne	State	IN	Country	USA	Citizenship	USA	
Mailing Address	4017 Blythewood Place							
Mailing Address								
City	Fort Wayne	State	IN	ZIP	46804	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Joseph M.		Smith						
Inventor's Signature	<i>Joseph M. Smith</i>				Date	1/30/02		
Residence: City	Bluffton	State	IN	Country	USA	Citizenship	USA	
Mailing Address	1747 West 300 North							
Mailing Address								
City	Bluffton	State	IN	ZIP	46714	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Inventor's Signature							Date	
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Mailing Address								
Mailing Address								
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